

JUL 24 1996

Attachment 4.19-A
Page 29a

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

Payments for Medical and Remedial Care and Services: Inpatient Hospital
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.0003 RECONSIDERATION REVIEW PROCESS

(a) Upon receipt of a timely request for a reconsideration review, the Deputy Director shall appoint a reviewer or panel to conduct the review. DMA will arrange with the provider a time and date of the hearing. The provider must reduce his arguments to writing and submit them to DMA no later than 14 calendar days prior to the review. Failure to submit written arguments within this time frame shall be grounds for dismissal of the reconsideration, unless the Division within the 14 calendar day period agrees to a delay.

(b) The provider will be entitled to a personal review meeting unless the provider agrees to a review of documents only or a discussion by telephone.

(c) Following the review, DMA shall, within 30 calendar days or such additional time thereafter as specified in writing during the 30 day period, render a decision in writing and send it by certified mail to the provider or his representative.

*History Note: Authority G.S. 108A-25(b); 108A-54; 150B-11; 42 U.S.C. 1396(b);
Eff. January 1, 1988.*

.0004 PETITION FOR A CONTESTED CASE HEARING

If the provider disagrees with the reconsideration review decision he may request a contested case hearing in accordance with 10 NCAC 1B .0200.

*History Note: Authority G.S. 108A-25(b); 108A-54; 150B-11; 42 U.S.C. 1396(b);
Eff. January 1, 1988.*

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JUL 24 1996

Attachment 4.19-A
Page 30

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

Payments for Medical and Remedial Care and Services: Inpatient Hospital
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.0012 TIME LIMITATION

(a) To receive payment, claims must be filed either:

- (1) Within 365 days of the date of service for services other than inpatient hospital, home health or nursing home services; or
- (2) Within 365 days of the date of discharge for inpatient hospital services and the last date of service in the month for home health and nursing home services not to exceed the limitations as specified in 42 C.F.R. 447.45; or
- (3) Within 180 days of the Medicare or other third party payment, or within 180 days of final denial, when the date of the third party payment or denial exceeds the filing limits in Subparagraphs (1) or (2) of this Rule, if it can be shown that:
 - (A) A claim was filed with a prospective third-party payor within the filing limits in Subparagraph (1) or (2) of this Rule; and
 - (B) There was a possibility of receiving payment from the third party payor with whom the claim was filed; and
 - (C) Bona fide and timely efforts were pursued to achieve either payment or final denial of the third-party claim.

(b) Providers must file requests for payment adjustments or requests for reconsideration of a denied claim no later than 18 months after the date of payment or denial of a claim.

(c) The time limitation specified in Paragraph (a) of this Rule may be waived by the Division of Medical Assistance when a correction of an administrative error in determining eligibility, application of court order or hearing decision grants eligibility with less than 60 days for providers to submit claims for eligible dates of service, provided the claim is received for processing within 180 days after the date the county department of social services approves the eligibility.

(d) In cases where claims or adjustments were not filed within the time limitations specified in Paragraphs (a) and (b) of this Rule, and the provider shows failure to do so was beyond his control, he may request a reconsideration review by the Director of the Division of Medical Assistance. The Director of Medical Assistance is the final authority for reconsideration reviews. If the provider wishes to contest this decision, he may do so by filing a petition for a contested case hearing in conformance with G.S. 150B-23.

History Note: Authority G.S. 108A-25(h); 42 C.F.R. 447.45;

Eff. February 1, 1976;

Amended Eff. October 1, 1977;

Readopted Eff. October 31, 1977;

Amended Eff. June 1, 1993; June 1, 1988; November 1, 1986; July 1, 1985.

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State Plan under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payment for Medical and Remedial Care and Services: Inpatient Hospital

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The State has in place a public process which complies with the requirements of
Section 1902(a)(13)(A) of the Social Security Act.

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